

**ASSESSMENT FOR DETERMINATION OF
CARE FOR CHILDREN IN FOSTER CARE**

(Age Thirteen Years and Over)
Michigan Family Independence Agency

Case Name				
Case Number	County	District	Section	Unit
Initial Assessment Score/Level/Date		Last Assessment Score/Level/Date		
Date of Birth		Foster Home		

INSTRUCTIONS:

Items 1-6 - Check the statement that most accurately describes the foster parent activity. Enter the number in the box marked "Score." **Do not check the same activity more than once.** Specify the foster parent activity for each item scored.

Item 7 - Add scores from Items 1-6.

Item 8A - Enter the age appropriate rate.

Item 8B - Enter the Determination of Care rate based on the level determined by the score.

Item 8C - Add 8A and 8B.

Item 8D - Enter the administrative rate, if any.

Total Per Diem Rate - 8C plus 8D

Signatures: The worker completing the form must sign and date in the appropriate box.

The foster parent is to sign and date the appropriate box.

Level I and II require the supervisor's signature and date.

Level III and IV requires the Local office director's or designee's signature and date.

Level IV requires the zone manager's signature and date.



The term foster parent as used on this form includes licensed foster parents and relatives of state wards eligible for state ward board and care payments.

NOTE: If the youth is medically diagnosed with a chronic or acute condition of a critical nature threatening health, life or independent functioning, please do not complete this form. Fill out the FIA-1945.

1. Behavior Management: All foster parents are expected to manage behavior. This section evaluates foster parent involvement above and beyond what would normally be expected of a foster parent to manage age appropriate behaviors.		<input type="checkbox"/> 0
No special involvement provided by the Foster parent. Child actions are age appropriate.		
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management at least weekly . At least 2 hours per week of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behaviors.		<input type="checkbox"/> 20
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a daily basis. At least 1 hour per day of direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.		<input type="checkbox"/> 40
The Foster parent provides special and extensive involvement in scheduling and monitoring of time and/or activities, and/or crisis management on a constant basis . Constant direct foster parent involvement in scheduling, behavior charting, monitoring, redirecting, supervising and/or managing behavior.		<input type="checkbox"/> 60
Foster Parent Activities:		SCORE
2. Mental Health Participation: Therapy/counseling is defined as a clinical or outreach session provided by a master level or above mental health professional. This does not include case management contacts and/or visits.		
Foster parent does not participate in the child's mental health services or the child is not in counseling/therapy.		<input type="checkbox"/> 0
Foster parent participates at least monthly in consultation with the therapist/counselor or with the therapeutic process for the child. The foster parent is involved in a (monthly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.		<input type="checkbox"/> 7
Foster parent participates at least twice per month with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least twice per month) formal discussion with the therapist by phone or in person, focussed on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.		<input type="checkbox"/> 14
Foster parent participates at least weekly with the therapy sessions or with the therapeutic process for the child. The foster parent is involved in a (at least weekly) formal discussion with the therapist by phone or in person, focused on the child's treatment plan, behaviors, progress, and/or implementation of the therapeutic plan. This does not include brief and/or casual conversation with the therapist.		<input type="checkbox"/> 21
Foster Parent Activities:		SCORE
3. Education Participation: This category is for school aged children and/or those children who are part of a child development program due to a certified disability or diagnosed condition. An educational need must be identified which requires foster parent participation in regular appointment with the school, specialized training in specific techniques, and follow-through on the in-home portion of a treatment plan, Individualized Education Plan or equivalent. Routine age appropriate assistance and supervision of homework does not qualify. If the foster parent chooses to home school a child, this does not qualify unless home schooling is documented as a child need and is part of the treatment plan.		
Foster parent participation not required at home or school beyond regular age appropriate expected education intervention.		<input type="checkbox"/> 0
Foster parent participation requiring collaboration with the school personnel and at least 1/2 hour of daily intervention beyond age appropriate expectation.		<input type="checkbox"/> 8
Foster parent participation requiring collaboration with the school personnel and more than 1/2 hour to 2 hours of daily intervention at home, beyond age appropriate expectations.		<input type="checkbox"/> 16
Foster parent participation requiring collaboration with the school personnel and more than 2 hours of daily intervention at home, beyond age appropriate expectations.		<input type="checkbox"/> 24
Foster Parent Activities:		SCORE

4. Transportation: Routine transportation is not to be included. Routine transportation is defined as school and social activities normally expected for children placed in foster care, and includes sibling visitations, parental visits, routine medical, dental appointments, and age appropriate extracurricular activities. These activities do not qualify, unless identified as a need in the treatment plan. Transportation for exceptional medical needs is covered under medical transportation. See PAM-825.		
No special transportation provided beyond routine child needs.	<input type="checkbox"/>	0
Foster parent is required to transport child two to seven times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	10
Foster parent is required to transport child eight to twelve times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	20
Foster parent is required to transport child thirteen or more times a month for therapeutic or medical treatment, emotional or social counseling, as outlined in the treatment plan.	<input type="checkbox"/>	30
Foster Parent Activities:	SCORE	
5. Personal Care: This section is generally not applicable to children under the age of 4. The child must have a physical or mental condition that limits his/her ability to perform age appropriate personal care tasks.		
Foster parent assistance not required beyond age appropriate need. The child has the physical and/or mental capabilities to perform personal care tasks.	<input type="checkbox"/>	0
Foster parent provides in home assistance 4 to 10 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without 4-10 hours of foster parent assistance per week.	<input type="checkbox"/>	18
Foster parent provides in home assistance 10 to 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without 10-20 hours of foster parent assistance per week.	<input type="checkbox"/>	36
Foster parent provides in home assistance over 20 hours per week because of impairments requiring assistance beyond age appropriate needs with feeding, bathing, grooming, physical and/or occupational therapy. The child has a physical and/or mental impairment that renders him/her incapable of performing the described tasks without over 20 hours of foster parent assistance per week.	<input type="checkbox"/>	54
Foster Parent Activities:	SCORE	
6. Medical Items/Diet/Excessive Damage: Lice treatment products, not prescribed by a physician, do not qualify. Receipts are required for medical items. Items damaged by a foster child must be documented and verified by a caseworker. Receipts are required and the expenses must be prorated over a 6 months period to qualify.		
Not required. The child requires no special medical items or special diet.	<input type="checkbox"/>	0
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage of at least \$20 per week.	<input type="checkbox"/>	8
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs damage between \$21 and \$35 per week.	<input type="checkbox"/>	16
Foster parent provides medical supplies not covered by Medicaid, such as medically required medications, bandages, special diet requirements, and/or incurs excessive damage in excess of \$35 per week.	<input type="checkbox"/>	24
Foster Parent Activities:	SCORE	
7. Add scores from Question 1-6		
TOTALSCORE 		

8.

Level 1	Score	11-60	(\$6.00)		Age Appropriate Rate		8A \$	_____
Level II	Score	61-100	(\$11.00)		Determination of Care (if appropriate)		8B \$	_____
Level III	Score	101-170	\$16.00)					
TOTAL FOSTER PARENT RATE (8A + 8B):							8C \$	_____
					ADMINISTRATIVE RATE:		8D \$	_____
					(if appropriate)			
					TOTAL PER DIEM RATE (8C + 8D): \$ _____			

SIGNATURES: Supplements above level III require an exception request with additional documentation/justification.

Direct Service Worker Signature	Date	Foster Parent Signature	Date
Direct Service Supervisor Signature	Date		
FIA Monitor Signature	Date	FIA Office Director Signature (Required for Level III & IV)	Date
FIA Monitor Supervisor Signature	Date	Zone Manager Signature (Required Above Level III)	Date

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: PA 280 of 1939
 COMPLETION: Is required by Policy
 CONSEQUENCE: Correct reimbursement may not be received by the foster parent.